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Assignee Name and Address: Image-Guided Neurologics, Inc.						
710 Medtronic Parkway NE, MS LN220						
Minneapolis, MN 55432						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
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and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
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Name				lephone 763-505	i-2758	
Title	Assistant Secretary					

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